

# Blank IT Equipment Requisition Order Form

Requestor Name

Department

Date

Phone/Extension

Email

Requested Equipment

| # | Equipment Type | Description / Specifications | Qty | Remarks |
|---|----------------|------------------------------|-----|---------|
| 1 |                |                              |     |         |
| 2 |                |                              |     |         |
| 3 |                |                              |     |         |
| 4 |                |                              |     |         |
| 5 |                |                              |     |         |

Purpose / Justification

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Requestor Signature / Date

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Department Approval / Date

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IT Approval / Date